Health Check/ EPSDT Required Equipment Form

In addition to an examination table and routine supplies, providers must have the following equipment to perform portions of the Health Check Screen:

	position for infants and che Measuring board or devivertical position for children Blood pressure apparatus Screening audiometer; Centrifuge or other devices	ig other children; ice for measuring length or height in the recumbent ildren up to the age of two (2); ice (not attached to scale) for measuring height in the en who are over two (2) years old; with infant, child and adult cuffs; for measuring hematocrit or hemoglobin; ivel screening (optional) (recommended) in equipment age of the child; I test supplies; and
release Assis falsif documents denia admirathe no contractions of the notation	sed to the Georgia Department tance for the purpose of enrication, omission or misrepresent will result in a denial of future enrollment requentistrative actions. I understative	document is true, accurate and complete and is hereby not of Community Health, Division of Medical olling in the Health Check program. I understand that esentation of any information in this enrollment of enrollment, the closure of current enrollment, and the t, and may be punishable by criminal, civil or other not that my completion of this form certifies that I have in Part II Policies and procedure for the Health Check
	Provider Name	Date
	Provider Title	
F	Provider Signature	Confirmation Number